Medical Direction Committee Minutes
Richmond Marriott West
January 17, 2008
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Peter Bruzzo, M.D.	Norman Rexrode, M.D.	Elizabeth Singer	Lisa Atkins
Scott Weir, M.D.	Cheryl Haas, M.D.	Tom Nevetral	J. David Barrick
Joanne Lapetina,M.D.	William Hauda, M.D.	Scott Winston	J.R. Dudley
James Dudley, M.D.	Barry Knapp, M.D.	Greg Neiman	Bill Akers
Cheryl Lawson, M.D.	David Lander, M.D.	Chad Blosser	Becky Callaway
Theresa Guins, M.D.	John Potter, M.D.	Warren Short	Sabrina Bullock
James Dudley, M.D.	Drew Garvie, M.D.	Gary R. Brown	Brynne Potter
Mark Franke, MD.	Janet Henderson, M.D.		Lorna Ramsey
	Sabina Braithwaite, M.D. (excused)		
	Ace Ernst, M.D.		
	Mark Franke, MD.		
	Dave Garth, M.D.		
	Allen Yee, M.D. (excused)		
	Dave Garth, M.D.		
	Asher Brand, M.D. (excused)		
	George Lindbeck, M.D. (excused)		
	Bethany Cummings, D.O.		
	Stewart Martin, M.D. (excused)		
	Charles Lane, M.D. (excused)		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	James Dudley, M.D. called the meeting to order at 10:45 A.M. and advised those attending that since the attendees did not meet a quorum due to the snow storm, would be for informational and planning purposes only. James Dudley, M.D., Chair congratulated Peter Bruzzo, M.D. for receiving the Operational Medical Director (OMD) of the year award at the 2007 EMS Symposium.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the October 18, 2007 meeting will be presented at the April 10th meeting for approval.	

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4. NEW BUSINESS		
a. Certified Professional Midwives (CPM) Program- Brynne Potter	Brynne Potter, CPM Policy Coordinator, presented an overview of Certified Professional Midwives (CPM) Program which included information on emergency training of licensed certified professional midwives in the Commonwealth, a document titled when a licensed midwife calls EMS and the various legislation as it pertains to midwifery. The MDC suggested that a committee made up of nominees from the midwifery group and a representative from EMS be formed to discuss how interaction between EMS personnel and midwives in the field setting can be improved.	
b. VCCS Request for Alteration in Team Leader Evaluation	Bill Akers, Southwest Virginia Community College made a presentation to request that experiential credit for clinical competencies in EMT-Intermediate to Paramedic programs be allowed. It is proposed that "EMT-Intermediate/99 providers, who meet the stipulations below, be allowed to count up to one-half of their EMT Intermediate to Paramedic (I to P) clinical competency requirements using contacts they have has as Attendants-in-Charge (AICs) on EMS calls." 1. The student must be released by their agency OMD to operate as an AIC at the Intermediate/99 level. 2. The agency must have an active quality assurance program that monitors patient care. 3. The student must submit run sheets (sanitized of all patient identifiers). 4. The student can count patient contacts and skills performed up to two years prior to starting the I to P course. 5. Patient contacts and skills performed prior to being certified as an EMT-Intermediate/99 can NOT be used. (See enclosed document for additional guidelines as proposed)	**The MDC tabled this request and advised the presenter that this request warrants further discussion and suggested that FISDAP data may be beneficial when considering this issue.**
5. OLD BUSINESS		
a. AHA/VDH Stroke Systems Plan Update - Keltcie Delamar	Keltcie Delamar made the following report: **Policy changes recommended and approved by Joint Commission on Health Care to enhance stroke systems in Virginia:** ▪ Request by letter from the Chairman that the Virginia Department of Health convene a standing Stroke Systems Task Force to address improvement in Virginia's Stroke Systems. ▪ Request by letter from the Chairman that the Virginia Hospital and Healthcare Association provide assistance on encouraging all hospitals to establish a protocol for the rapid evaluation and subsequent admission or transfer of the stroke patient. ▪ Request by letter of the Chairman that OEMS report to JCHC in 2008 regarding progress in developing a centralized electronic medical record data collection. ▪ Request by letter of the Chairman that Department of Medical Assistance Services ▪ (DMAS) investigate the option for care coordination service payments for those	

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	who have had a stroke. ▪ Request by letter of the Chairman that Department of Social Services (DSS) and DMAS investigate an expedited Medicaid determination review for acute stroke patients. ▪ Emergency Medical Services Plan; Stroke Triage Plan. HB479/SB344 - Requires the Board of Health to develop and maintain as a component of the Emergency Medical Services Plan a statewide pre-hospital and interhospital Stroke Triage Plan designed to promote rapid access for stroke patients to appropriate, organized stroke care. The Plan shall include formal regional stroke triage plans, which shall be reviewed triennially. Carefully crafted with input from OEMS, this bill has already passed the House, was heard in the Senate today (Jan 17), and is now slated to go through Senate Finance for approval of budgetary impact. **Virginia Acute Stroke Telehealth (VAST) plan report:** Virginia Stroke Systems created VAST, a stroke telehealth plan for the state this past year, to be led by the Virginia Telehealth Network (VTN). The project is entering implementation already, due to the award of two grants: ▪ HRSA Office of Rural Health Policy for 1.4 million to fund pilot developing a model telehealth program, involving Bath Co. Hospital, Augusta Medical Center and UVA ▪ FCC Rural Health Care Pilot Program for 1.6 million to build infrastructure and connectivity, focusing on critical care, community education, and professional education including EMS. The use of telemedicine technology can make even a small rural hospital "Acute Stroke Ready" by virtue of imaging, consultation, and education via the telehealth network, thereby supporting EMS in determining appropriate destinations for stroke patients.	
b. National Scope of Practice Certification Levels Impact on Virginia EMS System – George Lindbeck	No report as George Lindbeck, M.D. was unable to attend due to the snow storm.	
c. Enhanced Intubation Concerns Letter - John I. Morgan, M.D.	John Morgan, M.D. provided the committee a letter concerning the MDC decision to withdraw intubation as both an essential and optional skill at the Enhanced certification level. Dr. Morgan writes, "Having intubation as an optional skill greatly improves our ability to care for our patients and is particularly useful in more rural areas of the county (Loudoun) where the arrival of an I or P can be significantly delayed."	**James Dudley, M.D. will reply to John Morgan, M.D. letter.**
d. Transport to Free Standing Medical Facilities – James Dudley, M.D.	Gary Brown, OEMS Director was on hand to discuss this issue and read to the committee the following response to Jim Chandler, TEMS Regional Council Director on this issue: Jim:	

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	In response to the inquiry you have raised regarding the refusal of TEMS, at the direction of its OMD committee, to permit ambulance service to Bon Secours Harbour View's Emergency Department, I offer the following: The concern has been expressed by the TEMS OMD committee that Bon Secours Harbour View's emergency department lacks a pharmacy and board certified physicians. I recognize this concern. Bon Secours' counsel has confirmed that the physicians are board certified. The OMD committee meeting minutes indicates that Harbour View's emergency department had a pharmacy, but not a 24 hour pharmacy. It appears that the OMD committee minutes were inaccurate because TEMS and Bon Secours' counsel have both indicated that the Harbour View facility lacks a pharmacy. Please correct me if the following assumptions are inaccurate. • TEMS believes that its OMD committee has the authority to implement protocols and policies which represent a consensus based standardized template for the region. Further, • TEMS believes that it is required to develop regional EMS protocols as part of the regional medical direction and that the OMD's responsibilities as required by 12 VAC 5-31-1890., which provides in part: "1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes, direction of education, and limitation of provider patient care functions." and "9. Establishing any other agency rules or regulations pertaining to proper delivery of patient care by the agency." • Finally, the TEMS board and OMD committee believe ambulance patient destination decisions fall under patient care and as such are part of the protocols and policies it has developed pursuant to the regulations and EMS contract. Bon Secours has alleged that its Harbour View Emergency Department complies with all licensure, regulatory and accreditation requirements to constitute an emergency department. It believes that the policy applied to its facility by the OMD committee constitutes a regulatory action for which TEMS and the OMD committee lack authority.	

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	Jim, I have presented all of the information from TEMS and Bon Secours to the Office of Attorney General (AG). As you know, the AGs office does not represent TEMS or Bon Secours. The AGs office has responded to my inquiry regarding the legality of the TEMS position at my request. Due to attorney/client confidentiality; I am not allowed to provide you a copy of any correspondence between the AGs office and me, however, I am allowed to paraphrase the information. Having said this, I believe that Bon Secours' argument will prevail if it takes legal action against TEMS. While TEMS does have the authority pursuant to Virginia Code § 32.1-111.11 to develop and implement an "efficient and effective regional emergency medical services delivery system" - *it does not have the authority to regulate hospitals and emergency departments.* More than likely, a court will determine that the General Assembly established the licensure requirements for hospitals and provided authority to the Board of Health to promulgate regulations consistent with the statutes. If a hospital complies with all regulatory, licensure and accreditation requirements to operate an emergency department and TEMS establishes a policy adding requirements for the hospital to meet before it will provide 911 patient delivery, a court will likely view TEMS as attempting to impermissibly regulate a hospital. Another way that this would be presented is that if the General Assembly and Board of Health have determined that a freestanding emergency department is not required to have a pharmacy, TEMS cannot require one before it delivers patients. In addition, the regulatory authority that TEMS cites applies to protocols and rules "pertaining to [the] proper delivery of patient care **by the agency**." As you know, once the patient is delivered to the hospital, patient care becomes the responsibility of the hospital or emergency department. By requiring an emergency department to have a pharmacy before EMS transport will occur, TEMS is in effect stepping outside its scope and is interfering with the hospital's delivery of patient care. Again, keep in mind I have received a review from the AGs office on this issue and all pertinent policies, procedures, Code language and regulations. Having established that fact, and as a practical matter, if TEMS maintains its position and does not transport patients to Harbour View, it is likely that Bon Secours will take legal action against TEMS. This litigation will be very costly and time consuming to TEMS and it is unlikely that TEMS will prevail.	
e. Liability Malpractice Insurance Package – Keith Wesley, M.D.	A packet was disseminated to the committee from Keith Wesley, M.D. under cover of "*EMS Medical Director Liability Insurance"* for reference.	
6. ALS Training Funds & Accreditation Update – Chad Blosser	Chad Blosser submitted an *Advanced Life Support Training Funds Summary* (January 4, 2008) and *Accredited Training Site Directory* (January 4, 2008) see attachments).	

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7. ALS Program Issues – Tom Nevetral	Tom Nevetral advised the committee that the Draft 3.0 National EMS Education Standards should be out soon.	
8. BLS Program Issues – Greg Neiman	Greg Neiman advised the committee that there will be a meeting in Tyson's Corner on February 11 – 12 for stakeholders for the National EMS Education Standards. Greg also emphasized that great emphasis should be placed on the National EMS Education Standards and the Instructor Guidelines (IG).	
9. 2008 Meeting Dates	o April 10, 2008 o July 10, 2008 o October 16, 2008	
10. Public Comment	Becky Callaway, ODEMSA, commented on the proposal to modify the regional council service areas and advised that it will take time and money to rewrite new hospital and budget plans. She asked that the Office consider this and to consider the confusion that will occur to the EMS providers who are working in the field.	
11. For the Good of the Order	Scott Winston reviewed the legislative grid and advised that the following bills were of particular interest: o HB 191 o HB 192 o HB 248 o HB 479 o SB 197 o SB 228 o SB 503 (withdrawn by the patron) Tim Perkins, OEMS Planner, reported that there was a lot discussion about the proposal to modify the regional council service areas. Warren Short, OEMS Training Manager, reported that the Atlantic EMS Council is looking to establish standardized "education standards" by September 2009.	
ADJOURNMENT	**NEXT MEETING July 10, 2008 10:30 A.M. Richmond Marriott West**	